DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Region IX
50 United Nations Plaza
San Francisco CA 94102

August 5, 1991

Molly J. Coye, M.D., M.P.H.
Director
Department of Health Services
714 P Street
Sacramento, CA 95814

Dear Molly:

After several years of reviewing paraphernalia exchange, I have become convinced that it is time to institutionalize it as an accepted public health strategy for controlling HIV infection.

My earliest contacts came from Europe. I have had long and detailed discussions with fellow epidemiologists from Holland, Sweden and Switzerland. They are 2 to 3 years ahead of us on the issue. They have long accepted the paraphernalia exchange (PE) as a useful modality and are grappling now with determining the most effective ways of integrating PE into a comprehensive program of drug treatment and prevention.

I think that published and unpublished data clearly support the following conclusions:

- Paraphernalia exchange provides an economical mechanism by which to contact injection drug users.
    - Contact is essential to deliver any drug treatment or HIV prevention messages.
    - Contacting IDUs is otherwise quite expensive.
- PE, as part of a comprehensive HIV prevention program, clearly decreases at-risk behaviors.
- PE, as part of a comprehensive HIV prevention program, can decrease, (or in the case of Lund, Sweden, eliminate) HIV transmission.
- PE does not encourage at risk behavior. There is no evidence of youth rushing to use drugs after PE is begun. On the contrary, at-risk behavior decreases.

I have enclosed the following for your review:

1. PE support statements from a variety of California organizations.

2. Some data/articles about American programs.

The consensus in California is growing that PE, when placed in the context of a comprehensive HIV/drug prevention program, is valuable. I understand your concerns, since I share some of them. I too want everyone who needs treatment to have access to it. Yet, approximately half of current users do not want treatment. They need access to PE. Furthermore, current data show that a substantial proportion of users in treatment "chip". They also need PE. I think it is time for California to move ahead and begin pilot programs, get experience, establish program guidelines and make it the standard of care

If I can help in the matter, please let me know.

Sincerely,

Donald P. Francis/SSR

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